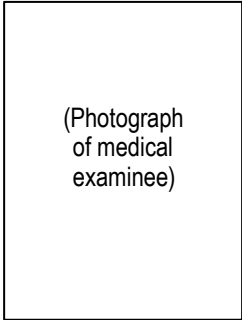


FOREIGN SERVICE OF THE PHILIPPINES  
 Philippine Embassy  
 Berlin, Germany



(Photograph  
 of medical  
 examinee)

**MEDICAL EXAMINATION FOR VISA APPLICANTS**

At the request of the Philippine Embassy, Berlin, Germany, I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ I examined:

.....  
 \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Surname)  
 \_\_\_\_\_ (Age) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Citizenship) and that under the

Philippine Immigration Regulations, the applicant should be classified as follows (*check the appropriate class*):

	<b>A.</b> Idiots, insane person, person who had been insane, person afflicted with epilepsy or loathsome or dangerous contagious disease such as: tuberculosis, venereal disease, trachoma, ringworm of scalp, nail or beard, actinomycosis, favus blastomycosis, mycetoma, leprosy, yaws, amebiasis, leishmaniasis, filiarisis, schistosomiasis, paragonomiasis.
	<b>B.</b> If not Class A: Persons having diseases or defects that will impair their ability to earn a living as to make them likely to be a public charge.
	<b>C.</b> Persons having diseases or defects that do not come under Class A or B.
	<b>D.</b> Not physically or mentally defective or diseased.

**MEDICAL RECORD**

1. Pertinent health information (Medical History):
2. Significant findings on physical examination:
3. Laboratory examinations (ATTACH LABORATORY RESULTS):
  - A. Stool
  - B. Urine
  - C. Blood Khan
  - D. Other examination indicated
4. CHEST X-RAY REPORT
5. REMARKS

.....  
 (Name and Signature of Examiner)

.....  
 (Hospital)